

61

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FACSIMILE TRANSMITTAL**TO:**

Name: Art Unit 3732/Examiner Cary O'Connor

Firm: U.S. Patent & Trademark Office

Fax No.: 703-872-9306

Subject: U.S. Patent Application No. 10/047,122

John I. Shipp et al.

Filed: January 15, 2002

INSTRUMENTS AND METHODS FOR USE IN
LAPAROSCOPIC SURGERY

Attorney Docket No. 115.0001-00000

Customer No. 22882

Confirmation No.: 9694

FROM:

Name: Thomas H. Martin, Esq.

Phone No.: 330-877-2277

No. of Pages (including this): 19

Date: June 29, 2004

Confirmation Copy to Follow: NO**Message:****CERTIFICATE OF TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that the attached Transmittal Form (in duplicate; \$640.00 total fee to cover the \$475 three month extension fee and \$165 Notice of Appeal fee is to be charged to Deposit Account No. 50-1068), Notice of Appeal, and Amendment After Final are being facsimile transmitted to the U.S. Patent and Trademark Office on June 29, 2004.



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FORM PTO-1083

Attorney Docket No.: 115.0001-00000
Customer No. 22882

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re Application of:) Confirmation No.: 9694
 John I. Shipp et al.)
 Serial No.: 10/047,122) Group Art Unit: 3732
 Filed: January 15, 2002) Examiner: Cary O'Connor
 For: INSTRUMENTS AND METHODS)
 FOR USE IN LAPAROSCOPIC)
 SURGERY)

Mail Stop AF
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a reply to the Office Action dated December 30, 2003 in the above-identified application.

- No additional fee is required.
 Applicant hereby requests a three-month extension of time to respond to the above Office Action.
 A Notice of Appeal is enclosed.

The fee has been calculated as shown below:

	(Col. 1) CLAIMS REMAINING AFTER AMENDMENT		(Col. 2) HIGHEST NUMBER PREVIOUSLY PAID FOR		(Col. 3) PRESENT EXTRA*	LG/SM \$ ENTITY FEE	ADD'L FEE DUE
TOTAL CLAIMS FEE	84	-	110	**	0	LG=\$18 SM=\$9	\$ 0
INDEPENDENT CLAIMS FEE	12	-	15	***	0	LG=\$86 SM=\$43	\$ 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS						LARGE ENTITY FEE = \$290 SMALL ENTITY FEE = \$145	\$ 0
						TOTAL	\$ 0

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box on Col. 1 or a prior amendment or the number of claims originally filed.

- A fee in the total amount of \$640.00 (to cover the \$475.00 three-month extension of time fee and \$165 Notice of Appeal fee) is to be charged to Deposit Account No. 50-1068.
- The Commissioner is hereby authorized to charge any deficiencies of fees associated with this communication or credit any overpayment to Deposit Account No. 50-1068. A copy of this sheet is enclosed.
- Any filing fees under 37 C.F.R. § 1.16 for the presentation of extra claims
- Any patent application processing fees under 37 C.F.R. § 1.17

Respectfully submitted,
 MARTIN & FERRARO, LLP

Date: June 29, 2004

By: 
 Thomas H. Martin
 Registration No. 34,383

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